

## Reports, Forms, Abbreviations, and Delegations of Authority

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**Reports** None

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**Forms** This table lists all forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-1026A	Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification		82, 83, Ex. 6
AD-2006	State and County Consultation Request	Ex. 17	121, 124, 132
AD-2006A	Consultation Request Log for AD-2006	Ex. 15	121
AD-2007	FSA/RMA Compliance Referral Form	Ex. 6	23, 70-74, Ex. 10
AD-2007A	FCIC Program Integrity Log for AD-2007	Ex. 10	73
CCC-502	Farm Operating Plan for Payment Eligibility Review		82, 83
CCC-666	Farm Stored Loan Quantity Certification		83
CCC-677	Farm Storage Note and Security Agreement		83
CCC-678	Warehouse Storage Note and Security Agreement		83
CCC-709	Direct Loan Deficiency Payment Agreement		83
CCC-Cotton A	Cotton Producer's Note and Security Agreement		83
CCC-Cotton AA	Upland Cotton Producer's Loan Deficiency Payment Application and Certification		83
FSA-425	Burley Tobacco and Peanut Information		82, 83
FSA-426-A	MPCI/FCIC Information Request	83	82
FSA-578	Report of Acreage		71, 82, 83, Ex. 6

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**Reports, Forms, Abbreviations, and Delegations of Authority (Continued)**

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**Abbreviations  
Not Listed in  
1-CM**            The following abbreviations are not listed in 1-CM.

<b>Approved Abbreviation</b>	<b>Term</b>	<b>Reference</b>
MPCI	Multiple Peril Crop Insurance	122, 123, 130, 131, Ex. 6
POC	point of contact	Text, Ex. 6, 17
RCO	Regional Compliance Office, Deputy Administrator for Compliance, RMA	Text, Ex. 5, 6, 10
RO	Regional Office, Deputy Administrator for Insurance Services, RMA	1, Part 5, Ex. 6, 15, 16, 17

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**Redelegations  
of Authority**            None

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**Definitions of Terms Used in This Handbook**

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**Abuse**

Abuse is the improper or excessive use of authority. Abuse refers to administrative violations of Departmental, agency, or program regulations that impair the effective and efficient execution of programs. These violations may result in Federal losses or they may result in denial or reduction in lawfully authorized Federal benefits to participants.

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**Determined Acreage**

Determined acreage is acreage determined by an authorized FSA representative.

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**Fraud**

Fraud is the intentional, wrongful obtaining or attempt of obtaining either money or some other advantage or benefit from governmental programs. Fraud includes but is not limited to, theft, embezzlement, false statements, illegal commissions, kickbacks, conspiracies, and obtaining contracts through collusive arrangements.

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**Tolerance**

Tolerance is the number of acres that the reported acreage or allotment may differ from the determined acreage without either of the following:

- C the total loss of benefits
  - C the overall accuracy of the acreage report being questioned.
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**Waste**

Waste is incurring unnecessary costs as a result of inefficient or ineffective practices, systems, or controls.

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**List of RCO's and States Served**

The following is a list of RCO's and the States they serve.

<b>Mailing Address of RCO's</b>	<b>States Served</b>
1111 W. Mockingbird Lane Suite 280 Dallas, TX 75247 214-767-7700 (7:30 - 4:30 C) FAX: 214-767-7721	Arkansas Kentucky Louisiana Mississippi New Mexico Oklahoma Tennessee Texas
4407 Bland Road Suite 280 Raleigh, NC 27609 919-875-4930 (7:00 - 4:30 E) FAX: 919-875-4928	Alabama Connecticut Delaware Florida Georgia Maine Maryland Massachusetts New Hampshire New Jersey New York North Carolina Pennsylvania Puerto Rico Rhode Island South Carolina Vermont Virginia West Virginia
430 G Street Suite 4167 Davis, CA 95616-4167 530-792-5850 (7:00 - 4:00 P) FAX: 530-792-5865	Alaska Arizona California Hawaii Idaho Nevada Oregon Utah Washington
3440 Federal Drive Suite 200 Eagan, MN 55122-1301 612-725-3730 (7:00 - 4:30 C) FAX: 612-725-3735	Iowa Minnesota Montana North Dakota South Dakota Wisconsin Wyoming
6501 Beacon Drive Kansas City, MO 64133 816-926-7963 (7:30 - 4:00 C) FAX: 816-926-5186	Colorado Kansas Missouri Nebraska
Corporate Center North 6905 Corporate Circle Indianapolis, IN 46278 317-290-3050 (7:30 - 4:00 E) FAX: 317-290-3065	Illinois Indiana Michigan Ohio

**AD-2007, FSA/RMA Compliance Referral Form**

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**A**

**Completing  
AD-2007**

Complete one AD-2007 for each complaint or referral on file with the County Office. County Offices shall complete AD-2007 according to the instructions in the following table.

Item	Instructions
1	<p>Enter the tracking number.</p> <p><b>Example:</b> SS-CCC-YYYY-XXXX</p> <p><b>Note:</b> For the first complaint filed in crop year 2001 in Wilbarger County, Texas, the tracking number assigned by the County Office would be 48-487-2001-0001.</p>
<b>Part A - Complainant/Source Information (Optional)</b>	
2A	Enter name and address of the complainant. (Optional)
2B	Enter telephone number of the complainant. (Optional)
<b>Part B - Details of the Complaint</b>	
3	<p>Indicate how the complaint was received.</p> <p><b>Note:</b> If located on RMA compliance spot check list, go to Part C.</p>
4	Enter name and address of the person or entity the complaint was filed against.
5	Record all crops stated in the complaint.
6	Record the crop year(s) in which the complaint occurred.
7	Record the State and county in which the complaint occurred. Record the exact location of the field(s) in the complaint by road, intersection, or landmark and farm serial number, if available.
8	This is the narrative of the complaint. It is necessary to include all details provided by the complainant including the current crop and field conditions. Be as specific as possible. Try to address who, what, where, when, and how.
9	Indicate how the complainant is aware of the situation.

Continued on the next page

**AD-2007, FSA/RMA Compliance Referral Form (Continued)**

**A**  
**Completing**  
**AD-2007**  
**(Continued)**

Item	Instructions
10	Include any information the complainant has other than what is detailed in item 8. This could include photos, receipts, or other hard copy documentation. Include any other person or source of information.
11A	The FSA employee recording the information shall print and sign their name.
11B	Record the date the complaint is received.
<b>Part C - Insurance Verification</b>	
12	Before calling RCO for insurance verification, determine all entities and associated social security or tax identification numbers involved in the complaint.
13A	Print the name of the RCO POC that gave the insurance verification.
13B	Enter the date on which verification was given.
14	Indicate MPCCI status as reported by RCO. If "No", no further action is required.
<b>Part D - FSA Fact Finding</b>	
15	Print the name of the FSA employee(s) involved in the fact finding.
16	Record the date the complaint was assigned for fact finding.
17A	Enter the farm number(s) associated with the farm(s).
17B	Enter the tract number(s) associated with the farm(s).
18	Indicate if FSA personnel visited the farm or area of complaint. If "No", briefly describe the results of the fact finding in item 22.
19	Indicate if FSA personnel took pictures of the farm or area of complaint.
20	Determine whether the condition described in the complaint are comparable to other like conditions in the area. If "No", explain in item 22.

Continued on the next page

**AD-2007, FSA/RMA Compliance Referral Form (Continued)**

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**A**  
**Completing**  
**AD-2007**  
**(Continued)**

<b>Item</b>	<b>Instructions</b>
21	List all FSA documentation that is attached to the form. This will include but is not limited to FSA-578, AD-1026A, photocopies, and crop specific FSA forms when required. Also, any CCC forms that were used as part of the FSA fact finding.
22	Comment on FSA findings (include explanation for items 18 and 20 if answered "No").
23	Enter the name, address, and telephone number of FSA County Office.
24	The FSA County Office reviewing official shall print and sign their name.
25	Enter the date the completed report was transmitted to the FSA State Office POC.
<b>Part E - State Office POC Action</b>	
26	Enter the name, address, and telephone number of FSA State Office.
27	Enter the date the referral was returned to the County Office by the State Office POC, if applicable.
28	Enter the date the referral was transmitted to RCO.
<b>Part F - RCO Action</b>	
29A	Enter RO's name and address.
29B	Enter RO's telephone number.
30	Indicate the action taken by RCO and the date RCO took action.

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Continued on the next page

**AD-2007, FSA/RMA Compliance Referral Form (Continued)**

**B**  
**Example of**  
**AD-2007**

Following is an example of AD-2007.

REPRODUCE LOCALLY. Include form number and date on all reproductions.	
<b>AD-2007</b> <small>(04-02-01)</small> <b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency  <b>FSA/RMA COMPLIANCE REFERRAL FORM</b>	1. FSA TRACKING NUMBER (13 Digit Number)*  48-487-2001-0001
<b>PART A - COMPLAINANT/SOURCE INFORMATION</b>	
2A. NAME AND ADDRESS OF PERSON MAKING THE COMPLAINT Joe Farmer 123 Farmer Road Anytown, TX 23456	2B. TELEPHONE NUMBER OF THE PERSON MAKING THE COMPLAINT  856-555-1234
<b>PART B - DETAILS OF THE COMPLAINT</b>	
3. FORM OF COMPLAINT: Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> In-Person <input checked="" type="checkbox"/> OTHER: (Explain in Item 10) <input type="checkbox"/>	
4. NAME AND ADDRESS OF THE SUBJECT OF THE COMPLAINT Jerry Neighbors 260 Neighbors Road Anytown, TX 12345	5. CROP(S) STATED IN COMPLAINT Cotton  6. CROP YEAR(S) IN WHICH THE COMPLAINT OCCURRED: 2001
7. STATE & COUNTY WHERE COMPLAINT OCCURRED (State exact location of the field(s) in the complaint by road, intersection, or landmark and farm serial number if available): Wilbarger County, TX FSN 1234  Field on north side of Farmer Road at intersection with Neighbors Road	
8. NARRATIVE OF THE COMPLAINT (Include all details including current crop and field conditions. Address who, what, where, when, and how): Jerry Neighbors planted the cotton on June 28 and has not taken care of it since planting. The cotton did not emerge, and the weeds have grown waist high.	
9. HOW DOES COMPLAINANT KNOW THE SITUATION? Hearsay <input type="checkbox"/> Visual <input checked="" type="checkbox"/> Knowledge of Records <input type="checkbox"/>	
10. OTHER INFORMATION NOT EXPLAINED IN ITEM 8 (Include photos, receipts, or other hard copy documentation, or other sources of information): Seed may have been purchased from Big Seed Dealer, Anytown, TX. Joe Farmer tends the farm on the south side of Farmer Road at the intersection with Neighbors Road.	
11A. NAME OF FSA OFFICIAL RECORDING INFORMATION /s/ I. M. Employee	11B. DATE COMPLAINT RECEIVED 08-10-2001
<small>*TRACKING NUMBER (13 Digits alpha numeric):          Digits 1 &amp; 2 identify State Location Code (i.e., Texas = 48).          Digits 3 through 5 identify County Location Code (i.e., Wilbarger = 487).          Digits 6 through 9 identify calendar year the request is made (i.e., 2001 = 2001).          Digits 10 through 13 identify the request number in chronological order (i.e., request number 1 = 0001).</small>	
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-V, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</small>	

Continued on the next page



**AD-2007, FSA/RMA Compliance Referral Form (Continued)**

**B**  
**Example of**  
**AD-2007**  
**(Continued)**

AD-2007 (04-02-01) REVERSE			
<b>PART C - INSURANCE VERIFICATION</b>			
12. ALL ENTITIES INCLUDED IN THE COMPLAINT KNOWN BY FSA AND THEIR ASSOCIATED SSNs AND/OR TAX IDENTIFICATION NUMBERS:			
ENTITY NAME	SSN NO. OR TAX ID NO.	ENTITY NAME	SSN NO. OR TAX ID NO.
A. Neighbors Farms, Inc.	12-345-6789	B.	
C.		D.	
13A. NAME OF REGIONAL COMPLIANCE OFFICE CONTACT Sally Investigator			13B. DATE CONTACTED 08-11-01
14. MPC? (Check one of the boxes below. If "No" is checked, no further action is required.)			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<b>PART D - FSA FACT FINDING</b>			
15. NAME OF FSA OFFICIAL INVOLVED IN FACT FINDING Henry Fieldman		16. DATE THE COMPLAINT WAS ASSIGNED TO FSA OFFICIAL 08-12-01	
17A. FARM FSN NUMBER 1234	17B. FARM TRACT NUMBER 1610	18. DID FSA PERSONNEL VISIT THE FARM OR AREA OF COMPLAINT? (If "No," explain in Item 22.)	
		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19. DID FSA PERSONNEL TAKE PHOTOS OF THE FARM OR AREA OF COMPLAINT?		20. WAS THE CONDITION OF THE COMPLAINT COMPARABLE TO OTHER LIKE CONDITIONS IN THE AREA? (If "No," explain in Item 22.)	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. FSA SUPPORTING DOCUMENTATION ATTACHED: FSA-578                      Photos of Field Aerial Map                Field notes describing observation of Henry Fieldman AD-1026A			
22. FSA COMMENTS (If additional space is needed, attach and sign a separate sheet.)  Photos 1, 2, and 3 are Jerry Neighbors' cotton. Photos 4, 5, and 6 were taken in Joe Farmer's field. Neighbors' cotton has weeds waist high and has a poor stand. Surrounding farms have cotton planted and the crops have good stands and have been well taken care of.			
23. FSA COUNTY OFFICE NAME & ADDRESS (Include Zip Code) Wilbarger County FSA 5015 College Drive, Room 1 Vernon, TX 76384 TELEPHONE NUMBER: 940-553-4394		24. NAME OF FSA COF REVIEWING OFFICIAL Sam Runner	
		25. DATE TO STO 08-18-01	
<b>PART E - STATE POC'S ACTIONS</b>			
26. FSA STATE OFFICE NAME & ADDRESS (Include ZIP Code.) Texas State FSA Office 2405 Texas Avenue College Station, TX 77840 TELEPHONE NUMBER: 979-680-5150		27. DATE TO COF	
		28. DATE TO RCO 08-22-01	
<b>PART F - RCO'S ACTIONS</b>			
29A. REGIONAL OFFICE NAME & ADDRESS (Include ZIP Code) Southern Regional Compliance Office 1111 West Mockingbird Lane, Suite 280 Dallas, TX 75247-5016		29B. REGIONAL OFFICE TELEPHONE NUMBER 214-767-7700	
30. ACTION TAKEN BY RCO: (Check one of the following and insert date when RCO took action below.)			
REFERRED TO: POC <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> OIG <input type="checkbox"/> INTERNAL TO RCO <input type="checkbox"/> DATE RCO TOOK ACTION 08-26-01			

AD-2007A, FCIC Program Integrity Log for AD-2007

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A

**Completing  
AD-2007A**

Complete one AD-2007A for each crop year. County Offices shall complete AD-2007A according to the instructions in the following table.

Item	Instructions
1	Enter crop year.
2	Enter sequential page number for the calendar year.
3	Enter State code.
4	Enter county code.
5	Enter the tracking number.  <b>Example:</b> SS-CCC-YYYY-XXXX  <b>Note:</b> For the first complaint filed in crop year 2001 in Wilbarger County, Texas, the tracking number assigned by the County Office would be 48-487-2001-0001.
6	Enter the producer name for which there is a concern.
7-10	Check the applicable column for the type of review. 7 = complaint received by the County Office (this could be in person, telephone, etc.) 8 = concern discovered by FSA through normal FSA activity 9 = request by RCO 10 = review of producer on the RMA spot check list
11	If entry in item 7, 8, or 9, enter the date County Office became aware of the concern. If entry in item 10, enter the date the review is conducted.
12	Enter the date a referral was submitted if applicable.
13	Enter total of each column to reflect the number entered on the log in each category, total number received of all categories, and total of actual referrals submitted.

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Continued on the next page

AD-2007A, FCIC Program Integrity Log for AD-2007 (Continued)

**B**  
**Example of**  
**AD-2007A**

Following is an example of AD-2007A.

REPRODUCE LOCALLY. Include form number and date on all reproductions.							
AD-2007A (04-04-01)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		1. CROP YEAR 2001		2. PAGE NUMBER 1 of 1	
FCIC PROGRAM INTEGRITY LOG FOR AD-2007				3. STATE CODE 48		4. COUNTY CODE 487	
5. Reference/ Tracking Number (13 Digits) (From AD-2007, Item 1)	6. Producer Name (From AD-2007, Item 4)	TYPE OF REVIEW (Enter a check mark below for the applicable type of review.)				11. Date County Office became aware of the concern or the date review was conducted.	12. Date Referral Submitted
		7. Complaint Received by COF	8. FSA Discovery	9. RCO Referral	10. RMA Spotcheck List		
48-487-2001-0001	Jerry Neighbors					08-10-01	08-18-01
13. TOTALS							

Example Letter for RMA Field Visit Request



United States Department of Agriculture

Farm and Foreign Agricultural Services  
Risk Management Agency

SUBMISSION DATE \_\_\_\_\_

TO: \_\_\_\_\_, COUNTY EXECUTIVE DIRECTOR  
COUNTY

THRU: \_\_\_\_\_, STATE OFFICE POINT OF CONTACT

FROM: \_\_\_\_\_, DIRECTOR  
REGIONAL COMPLIANCE OFFICE

SUBJECT: **REQUEST FOR FIELD VISIT TO VERIFY CROP INSURANCE DATA**

This regional RMA compliance office is currently conducting its Manual 14 program review. Discrepancies have been identified with the insurance company's claim audit listed below. The following assistance regarding the claim is being requested for:

INSURED NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

INSURED ID: \_\_\_\_\_

REQUESTED ACTION:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

COUNTY OFFICE CONTACT PERSON

NAME: \_\_\_\_\_ TELEPHONE: ( ) - \_\_\_\_\_

FAX: ( ) - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Please forward all documentation along with a copy of this form, by \_\_\_\_\_, to the individual listed below.

RMA POINT OF CONTACT

NAME: \_\_\_\_\_ TELEPHONE: ( ) - \_\_\_\_\_

FAX: ( ) - \_\_\_\_\_ E-MAIL: \_\_\_\_\_



The Risk Management Agency Administers and Oversees  
All Programs Authorized Under the Federal Crop Insurance Corporation

An Equal Opportunity Employer

**AD-2006A, Consultation Request Log for AD-2006**

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**A**

**Completing  
AD-2006A**

Complete AD-2006A according to this table.

<b>Item</b>	<b>Instructions</b>
1	Enter the crop year the issue is referred to RO for action.
2	Enter page number of the log.
3	Enter the State Office or RO name.
4	Enter the next consecutive tracking number.
5	Identify the issue. Ensure to include enough information to accurately identify the issue.
6	Enter date referred for RO action.
7	Enter date of RO action.

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Continued on the next page

Following is an example of AD-2006A.

[illegible]

**List of RO's and States Served**

The following is a list of all RO's and the States they serve.

<b>Mailing Address of RO</b>	<b>States Served</b>
Suite 106 2110 Overland Avenue Billings, MT 59102-6440 406-657-6447 (8:00 - 4:30 MST) FAX: 406-657-6573	Montana North Dakota South Dakota Wyoming
430 G Street, # 4168 Davis, CA 95616-4168 530-792-5870 (7:30 - 4:00 P) FAX: 530-792-5893	Arizona California Hawaii Nevada Utah
Suite 160 4407 Bland Road Raleigh, NC 27609 919-875-4880 (8:00 - 4:30 E) FAX: 919-875-4915	Connecticut Delaware Maine Maryland Massachusetts New Hampshire New Jersey New York North Carolina Pennsylvania Rhode Island Vermont Virginia West Virginia
8 River Bend Place Jackson, MS 39208 601-965-4771 (7:30 - 4:00 C) FAX: 601-965-4517	Arkansas Kentucky Louisiana Mississippi Tennessee
Suite 170 205 NW 63rd. Street Oklahoma City, OK 73116-8209 405-879-2700 (7:30 - 4:00 C) FAX: 405-879-2741	New Mexico Oklahoma Texas

Continued on the next page

**List of RO's and States Served (Continued)**

<b>Mailing Address of RO</b>	<b>States Served</b>
30 E. 7th Street 910 Minn. World Trade Center St. Paul, MN 55101 651-290-3304 (7:30 - 4:00 C) FAX: 651-290-4139	Iowa Minnesota Wisconsin
3500 West Wabash Avenue Springfield, IL 62707 217-241-6600 (7:30 - 4:00 C) FAX: 217-241-6618	Illinois Indiana Michigan Ohio
112 N. University Road Suite 205 Spokane, WA 99206-5295 509-353-2147 (7:00 - 4:00 P) FAX: 509-353-3149	Alaska Idaho Oregon Washington
3401 SW Van Buren Street Topeka, KS 66611-2227 785-266-0248 (7:30 - 4:00 C) FAX: 785-266-2487	Colorado Kansas Missouri Nebraska
106 South Patterson Street Suite 250 Valdosta, GA 31601 229-219-2200 (8:00 - 4:30 E) FAX: 229-244-6103	Alabama Florida Georgia Puerto Rico South Carolina



**AD-2006, State and County Consultation Request**

**A**

**Completing  
AD-2006**

STC, RO POC, State Office POC, COC, and County Offices shall complete AD-2006 according to the instruction in the following table. Attach additional sheets and supporting documentation, as necessary, to thoroughly explain the issue, provide background, justify recommendations, or explain the action.

Item	Instruction
1	Tracking Number: Depending on the origin of the request the State Office POC or RO POC will assign a 9-digit alpha numeric tracking number (for example, 200106F0001). The first 4 digits will be the calendar year the request is made (for example, 2001 = 2001), the third and fourth digit identifies the State location (for example, California = 06), the fifth digit identifies the origin of the request (for example, F for FSA or R for RMA), the next 4 digits are used for the request number in chronological order (for example, request number 1 = 0001).
2	Date originated.
3	Issue: The originator (RO POC, State Office POC, STC, COC) of the request states the subject and the task to be completed.
4	Background: The originator describes the subject and/or process and any other pertinent information in assisting the recipient in making their determination. Other information may include but not limited to why the task needs to be completed or what specific information needs to be reviewed.
5	STC Recommendation: The appropriate action recommended.
6	Justification: Supporting documentation provided for the action recommended (Part 5, Section 3).
7A	STC Signature: An STC member or their appointed designee will sign the request.
7B	Date Sent: The date the State Office POC sent the request to RO POC.
8	RO Explanation/Action: Describe the appropriate action taken by RO and the reason for the action. If the request is accepted, explain when the action will occur.
9A	RO POC signature.
9B	Check whether action is concurred or non-concurred.
9C	Enter date signed.
10	RO name.
11	State Office name and address.

Continued on the next page

**AD-2006, State and County Consultation Request (Continued)**

**B**  
**Example of**  
**AD-2006**

Following is an example of AD-2006.

<b>REPRODUCE LOCALLY.</b> Include form number and date on all reproductions.		
<b>AD-2006</b> (04-05-01)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	<b>1. TRACKING NUMBER (11 Digit Number)*</b>  200148F0001
<b>STATE AND COUNTY CONSULTATION REQUEST</b>		<b>2. DATE ORIGINATED</b>  04-03-2001
<b>3. ISSUE (State the issue as briefly as possible):</b> Valid final planting dates of April 15 for corn in the following counties: Dallas, Ellis, Navarro, Freestone, Leon, Limestone, Hill, Johnson, Tarrant, Denton, Wise, Parker, Hood, McLennan.		
<b>4. BACKGROUND (State who does the issue impact; how does the issue impact you or your constituency?)</b> Final planting dates must adhere to the following criteria: 1) the latest date the crop can be planted with the expectation of producing a normal yield, and 2) the date at which time at least 90% of the crop is normally planted in the county.		
<b>5. STATE COMMITTEE RECOMMENDATION (State the committee's recommendation as briefly as possible):</b> Final planting dates for Dallas, Ellis, Johnson, and Tarrant should be changed from April 15 to May 31.		
<b>6. JUSTIFICATION (Fully explain your recommendation):</b> The current final planting date of April 15 subjects any acreage planted that late to excessive heat in July that will adversely affect the ability of the plant to pollinate properly and ultimately reduce the yield. See attached recommendation from Extension.		
<b>7A. STATE COMMITTEE MEMBER'S OR DESIGNEE'S SIGNATURE</b>  /s/ James Jones		<b>7B. DATE SENT TO RMA REGIONAL OFFICE'S POC</b>  04-03-01
<b>8. REGIONAL OFFICE EXPLANATION:</b> We accept your recommendation in part. We plan to change the final planting date to April 7 by the next filing date. Our concern for moving the date to March 31 is that in years when the crop can and should be replanted no attempt will be made to do so which would adversely affect the program.		
<b>9A. REGIONAL OFFICE POC'S SIGNATURE</b>  /s/ Franklin Harrison	<b>9B. REGIONAL OFFICE:</b> <input checked="" type="checkbox"/> Concurred <input type="checkbox"/> Non-concurred	<b>9C. DATE SIGNED</b>  05-22-01
<b>10. RMA REGIONAL OFFICE NAME &amp; ADDRESS (Include ZIP Code)</b> USDA Risk Management Agency Regional Office 205 NW 63rd Street, Suite 170 Oklahoma City, OK 73116  TELEPHONE NUMBER:		<b>11. FSA STATE OFFICE NAME &amp; ADDRESS (Include ZIP Code)</b> Texas State FSA 2405 Texas Avenue College Station, TX 77840  TELEPHONE NUMBER:
<b>*TRACKING NUMBER (11 Digits alpha numeric):</b> Digits 1 through 4 identify the calendar year the request is made (i.e., 2001 = 2001). Digits 5 & 6 identify the State Location Code (i.e., California = 06). Digit 7 identifies the origin of the request (F for FSA or R for RMA). Digits 8 through 11 identify the request number in chronological order (i.e., request number 1 = 0001).		
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</small>		